

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PI4000041233

1. Corporation Name

GONCALVES INVESTMENTS AND CONSULTING  
INC

2. Principal Office Address - No P.O. Box #

677 TRACE CIRCLE

Suite, Apt. #, etc.

209

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

US

3. Mailing Office Address

677 TRACE CIRCLE

Suite, Apt. #, etc.

209

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

US

CR20081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

05/05/2014

5. FEI Number

35-2507190

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Business & Consulting Services Inc

ALLIANCE TAX AND CONSULTING INC

Street Address (P.O. Box Number is Not Acceptable)

440 E SAMPLE RD

Suite, Apt. #, Etc

STE 103

City

POMPANO BEACH

State

FL

Zip Code

33064

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

11/30/2023

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P</u>	<u>JOVANO GONCALVES</u>	<u>677 TRACE CIRCLE 209</u>	<u>DEERFIELD BEACH, FL 33441</u>

10. E-mail Address:

ACC2@SVENTURINI.COM

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/2023

Date

Daytime Phone #